State of Florida

Early Childhood Court Best Practice Standards

Commentary

The commentary included here provides the foundation of research, analysis, promising practices, and evidence-based practices on which the standards are based. Because adult drug court research is vast and well-established whereas Safe Babies Court Team/Early Childhood Court research is still emerging, the commentary frequently references research included in the Florida Adult Drug Court Best Practice Standards. Although these two types of problem-solving courts are not identical, both share common core components.

I. Target Population

A. Eligibility & Exclusion Criteria

In keeping with the Florida Adult Drug Court Best Practice Standards and the research supporting those standards, eligibility and exclusion criteria are defined objectively and specified in writing in Early Childhood Court.

> Adult drug court studies have found that the admissions process in many drug courts included informal or subjective selection criteria, multiple gatekeepers, and numerous opportunities for candidates to be rejected from the programs (Belenko et al., 2011). Removing subjective eligibility restrictions and applying evidence-based selection criteria significantly increases the effectiveness and cost-effectiveness of drug courts by allowing them to serve the most appropriate target population (Bhati et al., 2008; Sevigny et al., 2013).

Other than screening children for age eligibility, there are no automatic or categorical exclusion criteria as every family has the potential to be successful in Early Childhood Court, including but not limited to: teen parents; parents with substance abuse, domestic violence, and/or mental health issues; parents taking prescribed psychiatric medications; and even parents with prior termination of their parental rights. Parents most likely to achieve reunification are those with the capacity and liberty to participate in the intensive program, including monthly hearings, frequent visitation, and weekly treatment (i.e. ability to comprehend child-parent therapy, not incarcerated for long periods of time, children placed in proximity so that weekly therapy is possible, etc.).

B. Risk and Need

Safe Babies Court Teams have been implemented in several states across the U.S. since 2005 and have been recognized by the California Evidence-Based Clearinghouse for Child Welfare

as demonstrating promising research evidence. One of the core components of this approach is "targeting infants and toddlers in out-of-home care" (ZERO TO THREE, 2016). Florida's Early Childhood Courts are aligned with the national approach and therefore adopt the same eligibility criteria: maltreated children under 36 months of age who have been placed in out-of-home care.

The first 1,000 days of an infant's life are a critical time for brain development (Biesalski, 2016). Scientific research has demonstrated that the post-natal environment has a significant impact upon the brain development and trajectory of infant neurodevelopment (Gao et al., 2017). Two findings in particular highlight the significance of this research: 1) a developmental sequence of different functional brain networks has been demonstrated, showing a progressive maturation from primary to higher order networks, meaning that the building blocks for brain maturation are laid down from bottom to top; and 2) social interaction lies at the core of infant cognitive and emotional development (Gao et al., 2017).

Thus, it is during these first 1,000 days that adverse experiences such as abuse and neglect can leave lifelong psychiatric disorders and developmental maladaptions "hard-wired" into the developing infant's neurology (Opendak et al., 2017, Shonkoff et al., 2012).

Early Childhood Courts target maltreated infants and toddlers because ensuring that every young child has a stable, nurturing caregiver is the most effective way to promote lifelong health and well-being. Research has borne out the concept that there is a strong association between frequent placement moves and poor outcomes (Ruben et al., 2007). Further, studies have shown that infants are more than four times more likely to be placed in out-of-home care than older children (Wulczyn et al. 2011). Thus, infants and toddlers are especially vulnerable to placement instability and poor behavioral and mental health outcomes. By targeting infants and toddlers, Early Childhood Courts can focus resources on these vulnerable populations and provide them with "a range of health and psychosocial services to ensure their safety, enhance their well-being, increase chances of reunification, and reach permanency more quickly" (Falconer & Sutherland, 2017). Given their unique child welfare trajectories, it is important that the judiciary utilize best practices to promote well-being and ensure timely placement into permanent homes.

As research has demonstrated, parents involved in the child welfare system struggle with their own unresolved early adversities, including substance abuse, early childhood victimization, psychosocial maladjustment, stress mismanagement, and self-esteem deficits (Hesselink & Booyens, 2016), any or all of which may make parents unable to properly support and nurture their children (Lenings et al., 2014). The Early Childhood Court approach has demonstrated progress implementing evidence-based interventions to strengthen parenting skills and enhance family functioning (Hafford, et al, 2009).

C. Criminal History Disqualifications

It is currently unknown if there is a relationship between a parent's criminal history and Early Childhood Court outcomes.

Some Early Childhood Courts do not serve families when the parent is incarcerated. However, any criminal history disqualifications are more commonly considered on a case-by-case basis.

Often, parents may be facing criminal charges at the time the family has been accepted into Early Childhood Court.

D. Clinical Disqualifications

Research is sparse regarding clinical disqualifications for Early Childhood Courts; however, studies pertaining to drug courts have found that assuming adequate services are available, there is no empirical justification for excluding addicted offenders with co-occurring mental health or medical problems from participation in drug courts.

> A national study of twenty-three adult drug courts, called the Multisite Adult Drug Court Evaluation, found that drug courts were equivalently effective for a wide range of participants regardless of their mental health conditions (Rempel et al., 2012; Zweig et al., 2012). Another study of approximately seventy drug courts found that programs that excluded offenders with serious mental health issues were significantly less cost-effective and had no better impact on recidivism than drug courts that did not exclude such individuals (Carey et al., 2012).

It is well known that a large number of the parents of children who enter the dependency system have been victims themselves of trauma and have found both adaptive and maladaptive ways to cope with their stress. Furthermore, practice has shifted in that substance abuse treatment providers now treat addiction as a medical condition that is often associated with childhood trauma (Osofsky, et al., 2017). The Center for Disease Control - Kaiser Permanente Adverse Childhood Experiences (ACEs) Study found that adverse experiences early in life can lead to negative health and well-being outcomes in adulthood. Certain outcomes include alcoholism and alcohol abuse, depression, illicit drug use, and suicide attempts. More information on this study can be found in Appendix B.

RTI International's 2017 Final Evaluation Report on the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT) found that "Among parental risk factors, 82.4% of parents had a history of alcohol or drug abuse, 50.8% had a history of mental health issues, and 48.1% had been incarcerated during adulthood. Parents involved with infant-toddler court teams have also experienced a large number of ACEs. Close to two thirds of parents (59.1%) at QIC-ITCT sites had four or more ACEs. The mean ACEs score was 4.3 and the median was 5" (Casanueva, et al, 2017).

II. Disadvantaged Groups

Like drug courts, Early Childhood Courts are first and foremost courts, and the fundamental principles of due process and equal protection apply to their operations (Meyer, 2011). Early Childhood Courts have an affirmative legal and ethical obligation to provide equal access to their services and equivalent treatment for all citizens. The Child Welfare Information Gateway has documented a significant amount of research on racial and ethnic group overrepresentation in the child welfare system when compared to their representation in the general population (e.g., McRoy, 2005; Derezotes, Poertner, & Testa, 2005; Hill, 2005, 2006; Casey-CSSP Alliance for Racial Equity, 2006; Overrepresentation of minority youth in care, 2008). The Child Welfare Information Gateway has also compiled numerous studies that have shown that racial disparities occur at various decision points in the child welfare continuum (e.g., Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013; Font, 2013; Detlaff et al., 2011). National organizations such as the National Council of Juvenile and Family Court Judges and Casey Family Programs have developed tools, guidelines, and action plans specifically tailored for dependency courts to use to reduce disproportionality and disparities for minority children and families (http://www.ncjfcj.org/our-work/courts-catalyzing-change).

Currently, there is no research on historically disadvantaged groups in Early Childhood Court. Data and analysis on the Safe Babies Court Teams approach and Florida's Early Childhood Courts, however, offer a few specific findings to consider. An evaluation from RTI International on 10 Safe Babies Court Teams and Early Childhood Court sites (a mixture of five sites outside of Florida and five sites within Florida) found that court teams served children of all races and ethnicities equally well in regard to number of placements, finding no statistically significant differences by race/ethnicity across all of the sites. (Casanueva, et al, 2017). In addition, data analysis conducted by staff at the Office of Court Improvement on Florida Early Childhood Court cases from 2015 to 2017 showed that race did not show any effect on the time to reunification prior to closure. However, the average time to closure was significantly different (statistically significant) among different race groups, showing that Caucasian children took longer than African-American children to achieve permanency. Further study is necessary to examine this issue.

As Florida's drug courts have pledged to do, Early Childhood Courts adopt evidence-based assessment tools and clinical interventions, where they exist, that are valid and effective for use with minority participants. As a practical matter, Early Childhood Courts can only be required to take remedial actions based on characteristics of participants that are readily observable or have been brought to the attention of the court. Such observable characteristics will typically include participants' gender, race, or ethnicity.

A. Equivalent Access

Early Childhood Courts continually monitor whether minority participants have equal access to participate in the program. The RTI International evaluation of 10 Safe Babies Court Teams and Early Childhood Court sites offers a snapshot of race representation across multiple jurisdictions. In the study, half of the children were Caucasian, 21.5% were African American, 22.7% were categorized as "other" (this group includes Native Americans, Native Hawaiians, and children with more than one race, etc.), and 5.8% were Hispanic (Casanueva, et al, 2017). An examination of Florida Early Childhood Court participants in 2016 from Office of Court Improvement staff reveals that 66% of children were Caucasian, 30% were African American,

and 4% classified as other. For a comparison, in traditional Florida dependency court cases in 2016, 59% of children were Caucasian, 32% were African American, and 9% classified as other. Early Childhood Courts ensure that the screening protocols developed by the multidiscplinary team do not unnecessarily exclude minorities or members of other historically disadvantaged groups.

B. Equivalent Treatment

Racial and ethnic minorities often receive lesser quality treatment than nonminorities in the criminal justice system (Brocato, 2013; Janku & Yan, 2009; Fosados et al., 2007; Guerrero et al., 2013; Huey & Polo, 2008; Lawson & Lawson, 2013; Marsh et al., 2009; Schmidt et al., 2006). While research in this area on Early Childhood Courts is limited, the RTI International evaluation of 10 Safe Babies Court Teams and Early Childhood Court sites showed "no statistically significant differences by race/ethnicity across sites comparing time from order to service receipt for developmental screening, early intervention, and Child Parent Psychotherapy" (Casanueva, et al, 2017). The study noted, however, that while "no statistically significant differences by race/ethnicity were observed, it is not possible to determine if children of color are proportionately represented on the infant-toddler court teams' caseload. Thus, whether the intervention is reaching all races/ethnicities in the child welfare population remains unknown." (Casanueva, et al, 2017). Early Childhood Courts remain vigilant to potential differences in the quality or intensity of services provided to minority participants and continually monitor whether minority participants have equal access to interventions and receive equivalent services in the programs at rates equivalent to nonminorities.

III. Roles and Responsibilities of the Judge/Magistrate

A. Professional Training/ Education

The judge and all Early Childhood Court multidisciplinary team members attend training workshops on best practices in Early Childhood Courts to inform policy and create trauma-informed settings (Cohen, 2016). Trainings include: adverse childhood experiences (ACEs) research, impact of trauma on the child and the parents, and parenting practices. Judicial training also includes mentoring from peer judges; visiting mentor Early Childhood Court sites; and becoming familiar with bench cards, the trauma toolkit, and other relevant resources located within the Office of Court Improvement section of the Florida Courts website. Appendix B provides information on these resources.

It is well-established that judicial education is a vital part of any effective judicial system (Caitlin, 1982; Armytage, 1996). Judges presiding over problem-solving courts attend trainings to learn the specific issues and approaches impacting the court. Research on drug courts is illustrative on the significance of training.

> The importance of training is emphasized specifically for judges because research indicates the judge exerts a unique and substantial impact on outcomes in drug courts (Carey et al., 2012; Jones, 2013; Jones & Kemp, 2013; Marlowe et al., 2006; Zweig et al., 2012).

The increasing availability of webinars and other distance-learning programs has made it considerably more affordable and feasible for judges to stay abreast of evidence-based practices. Organizations including the National Council for Juvenile and Family Court Judges, the National Drug Court Institute, Center for Court Innovation, National Center for State Courts, and the Center on the Developing Child at Harvard University offer, free of charge, live and videotaped webinars and videos on various topics related to best practices in Early Childhood Court.

B. Length of Term

Specific research has not been done on the effect of term length in Early Childhood Court settings. However, there is research demonstrating that judges in other problem-solving court settings are able to perform better and provide longer lasting outcomes when judges are able to preside over a court for a minimum of two consecutive years, as stated in the Florida Adult Drug Court Best Practice Standards:

> Significantly greater reductions in crime were also found when the judges were assigned to the drug courts on a voluntary basis and their term on the drug court bench was indefinite in duration (Carey et al., 2012). Evidence suggests many drug court judges are significantly less effective at reducing crime during their first year on the drug court bench than during ensuing years (Finigan et al., 2007). Presumably, this is because judges, like most professionals, require time and experience to learn how to perform their jobs effectively. For this reason, annually rotating assignments appear to be contraindicated for judges in drug courts.

C. Consistent Docket

While consistency of docket has yet to be studied in the context of Early Childhood Court, drug court research has shown that courts that rotated their judicial assignments or required participants to appear before alternating judges had the poorest outcomes (Finigan et al., 2007; National Institute of Justice, 2006). Early Childhood Court participants lead constantly-changing lives, and the structure and consistency of the Early Childhood Court can be a helpful mechanism for assisting in the modulation of parents' maladaptive life behaviors. In addition, parents with histories of adverse childhood experiences and trauma can have difficulty trusting and connecting with others. Appearing before the same judge for all hearings can reduce the parents' stress and may result in more open, calm, and productive proceedings.

D. Frequency of Status Hearings

Early Childhood Courts schedule participants to appear before the judge for status hearings at least every month. One study reported that holding monthly court hearings "expedited progress and intercepted potential problems far more quickly than had been the case when court involvement was limited to hearings every three to six months – or less" (Hudson, 2017).

E. Judicial Demeanor

Research has amply demonstrated that judicial demeanor is a vital element of the court process (Mack & Anleu, 2010; Farole & Cissner, 2007; Neitz, 2011; Levitt & Dunnavant, 2015). As noted in the Florida Adult Drug Court Best Practice Standards, the same is true in drug courts (and presumably other problem-solving courts as well).

> A statewide study in New York reported significantly better outcomes for judges who were perceived by the participants as being fair, sympathetic, caring, concerned, understanding and open to learning about the disease of addiction (Farole & Cissner, 2007). In contrast, outcomes were significantly poorer for judges who were perceived as being arbitrary, jumping to conclusions, or not giving participants an opportunity to explain their sides of the controversies (Farole & Cissner, 2007; Zweig et al., 2012). Program evaluations have similarly reported that supportive comments from the judge were associated with significantly better outcomes in drug courts (Senjo & Leip, 2001) whereas stigmatizing, hostile, or shaming comments from the judge were associated with significantly poorer outcomes (Miethe et al., 2000).

An Early Childhood Court judge creates a non-adversarial tone by communicating positively and regularly inviting and valuing input from the multidisciplinary team and the parents (Cohen, 2016). This courtroom tone is further enhanced by the judge treating each participant with dignity and respect, calling parties by name, allowing reasonable opportunity to explain their perspectives, and offering supportive comments and empathy (Hafford et al., 2009).

These findings are consistent with a body of research on procedural fairness or procedural justice. The results of those studies indicated that litigants were more likely to have successful outcomes and favorable attitudes towards the court system when they were treated with respect by the judge, given an opportunity to explain their sides of the controversies, and perceived the

judge as being unbiased and benevolent in intent (Burke, 2010; Burke & Leben, 2007; Frazer, 2006). This in no way prevents judges from holding participants accountable for their actions or from applying the law. The dispositive issue is not the outcome of the judge's decision, but rather how the decision was reached and how the participant was treated during the interaction.

F. Judicial Decision Making

Research has demonstrated the validity and strength of adjudication through a therapeutic lens. This method of adjudication directs the judge's attention beyond the specific dispute before the court and toward the needs and circumstances of the individuals involved in the dispute (Rottman & Casey, 2000). This holistic approach is key to the Early Childhood Court process. By using a therapeutic lens — "understanding how health, early child development, attachment, placement and safety interrelate" — a judge promotes better and more positive outcomes for children and families who come before the court (Pilnik et al., 2009). The therapeutic judicial decision-making process is enhanced by the use of the multidisciplinary Early Childhood Court team (Cohen, 2016; Hafford et al., 2009). The team, comprised of a wide array of experts, serves a prominent role in advising the judge at each hearing as to the status of a case as well as suggested next steps (Cohen, 2016; Hafford et al., 2009).

The following excerpt from the Florida Adult Drug Court Best Practice Standards exemplifies judicial decision making in Early Childhood Court.

> Due process and judicial ethics require judges to exercise independent discretion when resolving factual controversies, administering sanctions or incentives that affect a participant's fundamental liberty interests, or ordering the conditions of supervision (Meyer, 2011). A drug court judge may not delegate these responsibilities to other members of the drug court team. For example, it is not permissible for a drug court team to vote on what consequences to impose on a participant unless the judge considers the results of the vote to be merely advisory. Judges are, however, required to consider probative evidence or relevant information when making these determinations. Because judges are not trained to make clinical diagnoses or select treatment interventions, they ordinarily require expert input from treatment professionals to make treatment-related decisions. The collaborative nature of the drug court model brings together experts from several professional disciplines, including substance abuse treatment, to share their knowledge and observations with the judge, thus enabling the judge to make rational and informed decisions (Hora & Stalcup, 2008).

G. Permanency Planning

According to the Child Welfare Information Gateway, "Juvenile court oversight of permanency planning and decision-making for children in foster care is mandated by the Adoption Assistance and Child Welfare Act of 1980 and given time limits by the Adoption and Safe Families Act; the failure to achieve timely permanency is frequently connected to delays in legal proceedings. Because most States legislatively allow for or require concurrent planning, courts are critical to the successful implementation of concurrent planning and are responsible for ensuring that agencies implement it within ASFA timeframes" (2012).

In accordance with Chapter 39, Florida Statutes, services are provided to achieve reunification, the preferred form of permanency for children, while a concurrent plan is in place to achieve permanency if the family is unable to reunify. Research has shown that a key pillar of timely permanency is concurrent planning (Cohen, 2016; Pilnik, 2009; Hafford et al., 2009). In Early Childhood Court, concurrent goals and concurrent planning are transparent, meaningful, and implemented at the beginning of the case.

Concurrent planning requires pursuing an alternate permanency plan at the same time as reunification, thereby replacing the "sequential approach" to case planning (Pilnik, 2009). True concurrent planning ensures that permanency goals are accomplished in a timely manner, especially in cases where the family is unable to be successfully reunified.

At every hearing, the court should review the concurrent plan along with the permanency timeframe and ensure reasonable efforts are being made to meet the families' individual needs from the beginning of the case (Hudson, et al., 2008). While offering encouragement and support to the parents and caregivers, the court should impress upon the parents the sense of urgency to remain actively engaged and inquire if there are any additional services they need to support safe reunification, but on a time-limited basis, in order to comply with state and federal deadlines (Hudson, 2017). The court should acknowledge the understanding of the critical role caregivers play in the children's lives and in the parents' lives. This recognition from the bench helps to keep caregivers motivated and to further enforce the importance of team work between the caregivers and the parents on behalf of the child (Hudson, 2017).

The court should pay close attention to the initial placement of the child and ensure that caregivers support the goal of reunification and are also willing to become the child's permanent placement in the event the parents are not able to achieve reunification (Hudson, 2017). In order to support the development of secure attachment relationships, it is important to place a priority on keeping children in one consistent, supportive placement (Osofsky, et.al., 2017). Through quality and supportive co-parenting, parents and caregivers work together and build a trusting relationship. Ideally, regardless of the permanency outcome, a trusting relationship between the parents and caregivers will allow the child to maintain relationships with the key people in his or her life (Pilnik, 2009).

The inclusive process of Early Childhood Court helps ensure that all parties have a common understanding and acceptance that the final decisions are made in the child's best interest, even when reunification is not possible (Pattinson, 2016).

IV. Child-Parent Therapy

Infants and toddlers who have been traumatized require specialized treatment to help them form secure attachments with their parents and/or caregivers. Likewise, parents require interventions to help them understand the needs of their children and learn ways to build healthy relationships (ZERO TO THREE, 2016). An experienced mental health provider with specialized skill and training in early childhood development, attachment, and trauma — known as an infant mental health specialist — seeks to heal the relationship between the child and the parent. The infant mental health specialist is a regular participant at court team meetings and at court hearings (Hafford et al., 2009). The infant mental health specialist communicates frequently with the community coordinator and has access to the judge for case review as needed within the bounds of the Code of Judicial Conduct. Infant mental health providers are compensated for the time spent participating in court hearings and family team meetings.

A. Assessment

Primary treatment modalities are determined by the infant mental health specialist who conducts an in-depth assessment of the child, parent, and the child-parent relationship and then recommends the appropriate services to the multidisciplinary team and the judge. The assessments are incorporated into the case plan and treatment plan and are updated periodically as the infant mental health specialist re-assesses the child to determine whether and what progress has been made (Pilnik et al., 2009; Hafford et al., 2009).

B. Evidence-Based Treatment

A primary evidence-based child-parent therapy used by infant mental health specialists involved in Early Childhood Court is called Child-Parent Psychotherapy (CPP) (Hafford et al., 2009; Pilnik et al., 2009). CPP has been recognized by the California Evidence-Based Clearinghouse for Child Welfare as supported by research evidence and has a child welfare system relevance level of "high" (a rating of "high" indicates "the program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families receiving child welfare services"). CPP is a relationship-based treatment for trauma-exposed children ages 0-5. It may be provided in the clinical setting or in the home. The therapeutic goal is "to promote an emotional partnership in which the child's regulation and integration of affect, interpersonal skills, readiness to learn, and accurate reality testing are supported by the parent's increased ability to provide a secure base to meet the child's developmental and individual needs" (Van Horn, 2012). CPP has been demonstrated to be an effective treatment for both children and parents in cases involving mental health issues and traumas such as domestic violence (Lieberman et al., 2005). For example, randomized controlled trial results including "children who were part of a CPP group showed a significant decline in traumatic stress disorder symptoms and behavior problems at the conclusion of the study, while comparison group children did not. Mothers in the CPP group showed significant reductions in avoidant symptoms and there was a moderate effect on general distress and posttraumatic stress disorder symptoms" (Lieberman, et.al 2005). Another study found that infants who started CPP with higher levels of disorganized attachment showed significant increases in levels of secure attachment, relative to the comparison group (Cicchetti et al., 2006). CPP has also been successful with parents with substance dependency and even those who have had prior termination of their parental rights.

Although there are no blanket exclusion criteria, parents most likely to benefit from CPP are those with the capacity and liberty to participate in the weekly treatment (i.e. not incarcerated for long periods of time, ability to comprehend child-parent therapy, children placed in proximity so that weekly therapy is possible, etc.). Recognizing that CPP is a therapeutic parenting intervention, parents are not required to attend both CPP and parenting classes at the same time, though some clinicians may choose to have these interventions overlap or to begin with a parenting intervention to engage the parent(s) and then address trauma more directly using CPP.

C. Provider Training and Credentials

The field of infant mental health consists of the following core concepts: 1.) The primary importance of responsive and stable caregiving relationships; 2.) The science of early development with emphasis on the interplay between trauma and infant neurology; 3.) The practical as well as the emotional needs of culturally diverse families; 4.) How to identify and access resources to address the complex needs of challenged individuals; 5.) The power of reflective practices and parallel process; and 6.) The interdisciplinary nature of the work and the need to collaborate. (Mendez et al., 2015). Currently, 18 states follow competency guidelines for infant mental health specialist endorsement (Mendez et al., 2015). Under this system, an infant mental health specialist cannot be endorsed without undertaking two years, post-graduate, supervised work experience providing infant mental health services (Mendez et al., 2015).

Training for CPP also requires the infant mental health specialist to be licensed or have licensure pending. The intensive training is over an 18 month period consisting of both classroom training and clinical consultation.

D. Treatment Intensity and Duration

According to the California Evidence Based Clearinghouse for Child Welfare, CPP is intensive with recommendations for weekly 1–1.5 hour sessions for 52 weeks or until the clinical goals are accomplished (2015).

V. Additional Treatment and Social Services

A. Assessment

Early Childhood Court teams understand the impact of trauma on child development, particularly during the critical early childhood period and have a sense of urgency about expediting the processes necessary to get children the developmental supports they need. This starts with developmental screening and evaluation and leads expeditiously to referral and services as needed. Research has shown that infant mental health specialists who have been trained in early childhood development, trauma, and attachment are well-situated to administer and interpret screening and assessment tools (Lorentson, M., & Honigfeld, L. 2015). Evaluations and screenings include:

a. Medical exam with developmental screening (Pilnik et al., 2009) within 72 hours of coming into care, followed by well-child checkups on a periodicity schedule. If therapies are needed, they can be prescribed by the physician/pediatrician.
b. Comprehensive Behavioral Health Assessment (CBHA) (Pilnik et al., 2009) should be performed by a person knowledgeable about early childhood and trauma within the first month of a child coming into care.
c. Developmental screening conducted by a childcare provider (Pilnik et al., 2009) within 45 days of a child's entry into childcare.

If it is not possible for the infant mental health specialist to administer the CBHA, the infant mental health specialist's in-depth assessment of the child-parent relationship includes consideration of the child's developmental status. These assessments have the most utility when they are shared with the court team for timely response to any services needed (Hafford et al., 2009). The team knows where to make age appropriate referrals for early intervention (i.e., Early Steps Part C for ages 0-36 months) and makes timely referrals to ensure continuity of services as children transition into the school system (FDLRS Part B) at age 3.

Case plans for families are created after comprehensive clinical assessment and prioritization of intervention goals. Case plans are developed to address parents' trauma histories and how those histories impact current relationships, social functioning, and parenting capacity. Family input and buy-in is sought as case plans are formed. Early Childhood Court case plans include a variety of interventions intended to address the specific issues associated with child risk that are identified from a comprehensive assessment (Hafford et al., 2009). Early Childhood Courts use the comprehensive clinical evaluation by the infant mental health expert and a team-based approach to prioritize intervention with the family in open discussions with the parent and their attorney. Case plan development and identification of services are done in a manner that fits the needs of each individual family, as opposed to a one-size-fits-all approach to case planning (Hafford et al., 2009). The infant mental health clinician tracks the parents' progress using the Progress in Treatment Assessment (PITA) and the PITA is regularly updated as case plan interventions move forward.

Histories of trauma may result in special needs and challenging behaviors in young children (Opendak et al., 2017). The infant mental health specialist should work with the child care providers to manage challenging behaviors and prevent expulsion or multiple childcare placements (Pilnik et al., 2009). Further, inviting early childhood development providers to join the court team can aid in addressing service gaps and increasing the timeliness of service delivery (Hafford et al., 2009).

B. Substance Abuse and Mental Health Treatment

Based on thorough assessments, parents needing substance abuse and/or mental health treatment are ordered to evidence-based and trauma-informed treatment service providers.

Currently, there is no research indicating how substance abuse and mental health treatment impacts outcomes in Early Childhood Court.

C. Additional Supports and Services

As is expected to be the case with Early Childhood Courts, drug courts have been found to be more effective and cost-effective when they offer complementary treatment and social services to address these co-occurring needs.

> A multisite study of approximately seventy drug courts found that programs were significantly more effective at reducing crime when they offered mental health treatment, family counseling, and parenting classes and were marginally more effective when they offered medical and dental services (Carey et al., 2012). The same study determined that drug courts were more cost-effective when they helped participants find a job, enroll in an educational program, or obtain sober and supportive housing. Similarly, a statewide study of eighty-six drug courts in New York found that programs were significantly more effective at reducing crime when they assessed participants for trauma and other mental health treatment needs, and delivered mental health, medical, vocational, or educational services where indicated (Cissner et al., 2013).

Parenting education programs (such as Circle of Security-Parenting) aimed at increasing the parent's ability to read child's cues, capacity to self-reflect and choose security-promoting caregiving behavior, and the ability to regulate stressful emotional states are used for parents, caregivers, and others working directly with the child (California Evidence-Based Clearinghouse for Child Welfare, 2015b). Parenting programs with promising research evidence, such as Circle of Security – Home Visiting-4, have been shown to increase attachment security and improve maternal interactions to moderately irritable infants in positive and negative environments (California Evidence-Based Clearinghouse for Child Welfare, 2015c, Cassidy, et al., 2011).

The Early Childhood Court team places a priority on the building of a healthy, trusting relationship between the out-of-home caregivers and the parents. Facilitated by Early Childhood Court team members, ice breaker activities between caregivers and parents can be utilized as a practice to establish healthy interactions and methods for sharing information about the child. Setting the stage early for co-parenting opportunities by building strong communication has been strongly correlated with a foundation of consistency, security, and coordination in the child's life and development (Braithwaite et al., 2003; McCann et al., 2015).

D. Case Management

The courts hold the community-based care entity accountable for providing and coordinating the services enumerated within these standards in an adequate and timely manner. The

dependency case manager provides all assessments and progress reports to the community coordinator for review at the family team meetings to ensure timely follow up and prompt intervention.

E. Post-Reunification Treatment, Supports, and Services

Parents who are too quickly reunified or who have not yet acquired sufficient coping skills need ongoing support for successful continued reunification. The provision of services and support, begun while the child is in out-of-home care, should continue after reunification has occurred (Cohen, 2016). By continuing to provide access to services, the court team can provide a necessary stability and security to parents.

VI. Family Time

A. Adherence to Family Time Protocols

In 2012, a judicial workgroup developed Family Time Protocols (also referred to as visitation protocols) for the Florida Dependency Benchbook to address the goals and benefits of parent-child family time in a safe and nurturing manner. The protocols cover promising family time practices, individualized parenting opportunities, and developmental considerations of the child.

Early Childhood Courts stay informed of the most current research with regard to the seriousness of removal and importance of visitation. The trauma of separation can be immense, and it is critical to understand the need for frequent visitation and "connectedness" between the parent and child (Edwards, 2003; Hafford et al., 2009). Infants and toddlers become attached to their primary caregiver and, even though that attachment may be unhealthy, separating from this attachment figure is still very painful for the child (Goldsmith, 2004). The Safe Babies Court Team has identified parent-child contact as a core component because of how important it is to for the child and parent to remain as a "living presence" to one another in order to "improve the parent's responsiveness to the child's needs" (ZERO TO THREE, 2016). The American Academy of Pediatrics highlights that in order for the "parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship" (2000). Further, research has found that increasing visitation frequency has been linked to reducing the time for children to reach permanency (Potter, 2002).

Innovative methods aid in increasing the frequency and efficacy of contact between the child and parent, such as "virtual visits" on FaceTime or other web communication. Best practices regarding visitation logistics focus on the child's comfort and well-being. For example, when there is long distance between the parent and the child, the judge may require the parent to be the one to travel to the location where the child is. Other examples include giving priority to the young child's routines and needs (e.g., feeding times, naptimes, reasonable bedtimes) when it comes to the timing of visits; requesting out-of-home caregivers to prepare the child for visits, with caregivers telling the child in simple language that a visit will occur, who will be there, and what will happen during and at the end of the visit; and encouraging out-of-home caregivers to assist with transportation to avoid the trauma of young children being transported by non-attachment figures (i.e. transporters). When possible, the judge avoids out-of-county placements or moves that may be detrimental to the child or impede the parent's capacity to visit frequently.

Co-parenting supports quality visitation and is a valuable asset for enhancing the well-being of children and families in Early Childhood Court (Cohen, 2016). Strong communication in co-parenting has been correlated with a foundation of consistency, security, and coordination in the child's life and development (Braithwaite et al., 2003; McCann et al., 2015). The court encourages the parents to accompany caregivers to all of the child's doctor appointments and other activities, such as developmental screenings. This approach creates an environment that increases predictability, routine, and security for the child; this approach decreases the child's stress when transitioning between residences and caregivers.

Regular review of visitation plans can aid in tailoring the plan to the family and ensure they are individually tailored and sufficiently flexible to address the particular circumstances of each case over time (Hafford et al., 2009). Judicial oversight of the frequency and timing of visits should be informed by recommendations from the infant mental health specialist, caregivers, child care providers, and other members of the Early Childhood Court team.

VII. Multidisciplinary Team

A multidisciplinary team is central to the efficacy of the Early Childhood Court approach (Cohen, 2016; Hafford et al., 2009). An evaluation of several existing Early Childhood Courts found that the team was active in the court process by reviewing progress, making recommendations, and ensuring that services are individualized (Hafford et al., 2009). Child welfare stakeholders noted that parents traditionally feel excluded and unsupported while the judge and child welfare professionals would talk around them without acknowledging them during court hearings; however, with the Safe Babies Court Teams approach and specific emphasis on the family court team, parents report "feeling understood, respected, and supported by their infant-toddler court team" (Casanueva et al., 2017). An RTI International evaluation highlighted that parents who are typically "highly suspicious with no trust in the courts and the child welfare system" learn to trust and rely on their court team for support (Casanueva et al., 2017).

A. Team Composition

While the make-up of the multidisciplinary court teams examined in a recent study differed in each jurisdiction, the researchers noted that, "variations in team composition across the sites reflect the resource base and existing service array in each community" (Hafford et al., 2009). However, although the specific composition of the teams may differ, teams will consist of the parents, caregivers, judge or magistrate, attorneys, community coordinator, dependency case manager, infant mental health clinician, family-identified supports, guardian ad litem, early childhood providers (including early interventionists and child care), and other providers working with the family (Hafford et al., 2009, Hudson, 2017). This team is made up of those who work with and support the family (Hudson, 2017).

The "core team" as assessed by researchers is supported by a larger coalition of community stakeholders and other concerned agencies committed to "restructuring how the community responds to the needs of maltreated infants and toddlers" (Cohen, 2016). This group commits to working with the members of the Early Childhood Court team to continuously improve the way the community responds to the needs of young, maltreated children (Casanueva et al., 2017). The community coordinator brings together stakeholders at least quarterly to learn about services in the community, review data, identify gaps in services, and discuss issues raised by cases (Casanueva et al., 2017). Stakeholders help galvanize funding, use data to promote systems change and continuous quality improvement, and use their leadership to ensure a long-term sustainability plan for the Early Childhood Court. Stakeholder members include anyone in the community whose work touches the lives of young children and families, such as child welfare agency representatives, healthcare providers, law enforcement, advocates, etc. (Casanueva et al., 2017). Including the local Early Learning Coalition and Early Head Start programs can help ensure that children in care are prioritized for childcare slots, that gaps in services are addressed, and that childcare programs are trained in trauma-responsive care. An evaluation of the Safe Babies Court Team approach noted that stakeholders attributed participation in the larger multidisciplinary team to uniting child-serving providers who previously worked in "silos" (Hafford et al., 2009).

B. Community Coordinator

ZERO TO THREE identifies the community coordinator as a core component of the approach because of the critical role the position plays in the success of Early Childhood Courts, essentially "transforming the care" for children and their families into an "evidence-based continuum that recognizes the unique strengths and needs of each family" (ZERO TO THREE, 2016, Casanueva et al., 2017). The community coordinator serves as a "bridge" across the court, child welfare, and early childhood communities (Hafford et al., 2009). The James Bell Associates Evaluation of Court Teams for Maltreated Infants and Toddlers found that the "successful implementation of the court team depended greatly on the community coordinators" (Hafford et al., 2009). The evaluation noted that the community coordinator provides child development expertise to the judge and the rest of the court team and is actively involved in keeping the needs of infants and toddlers a top priority throughout the case (Hafford et al., 2009). The community coordinator maintains a neutral role in the case and among the court team, which results in increased parent engagement and trust (Casanueva et al., 2017). He or she facilitates strong lines of communication between all important adults in the life of the child to buffer stress, promote nurturing relationships, and optimize the child's well-being. Also, the community coordinator engages local agencies in order to secure the best possible services and opportunities for families. Finally, when there are service gaps or barriers, the community coordinator works with the stakeholder group to address systemic issues (Casanueva et al., 2017).

C. Family Team Meetings

Research has demonstrated that family team meetings are "a critical component" of the Early Childhood Court approach (Hafford et al., 2009). These meetings, held monthly, aid in elevating the frequency and utility of team communication and provide team members with a greater understanding of the families they serve (Hafford et al., 2009). Family team meetings are attended by all members of the family team with the exception of the judge and magistrate. The community coordinator facilitates the meetings and the team provides a summary of the meetings with updates and recommendations to the judge during the monthly court hearings (Hudson, 2017). The purpose of the family team meetings is to build communication among those invested in the family's life, provide support and transparency to the parents, learn about the special needs of the child, and hear directly from the parents about their particular needs. The meetings help to ensure critical services are implemented quickly and that the case moves toward permanency in a timely manner (Hafford et al., 2009). The family team meetings are strength-based in nature and provide an opportunity to support the co-parenting relationship between the caregivers and the parents and open communication about concurrent planning (Pilnik, 2009). The team reviews the case progress, including referrals made, services received, and barriers encountered, such as placement disruptions. During the meetings, the infant mental health specialist updates a Progress in Treatment Assessment (PITA) tool, which helps to keep the team and the family focused on the changes that need to be made to ensure child safety and enhance family functioning.

D. Team Communication and Decision-Making

Early Childhood Courts, like all problem-solving courts, rely on effective communication. Several studies of the drug court model have found that communication among team members is considered one of the most important factors for success (Frazer, 2006; Gallagher et al.,

2015; Lloyd et al., 2014). A study of Early Childhood Court sites found that frequent and open communication afforded attendees the most current information on all aspects of the case (Hafford et al., 2009). The study also noted the following considerations:

> The Court Team model exhibits many of the features that are associated with successful drug courts for substance-abusing adults. This includes treating the family as a unit (but with a focus on the parent-child dyad), addressing unique familial needs from a multi-disciplinary perspective, providing intensive monitoring of case plans and compliance, making use of information derived from multiple sources to inform decision making, coordinating services and communication among various agencies, institutionalizing referral processes (i.e., for early intervention services), and formal interagency collaboration (Hafford et al., 2009).

One of the key differences in Early Childhood Court and traditional dependency court is the team's multidisciplinary input into key decisions, such as visitation parameters and readiness for reunification. While the judge is the ultimate decision-maker in the process, the Early Childhood Court approach relies on input from the court team to work collaboratively toward achieving permanency (Hafford et al., 2009).

E. Status Hearings

All members of the Early Childhood Court team attend hearings on a monthly basis. Research has shown that the Early Childhood Court process is more effective when the court utilizes monthly "status hearings" during which the judge can check in with the family and relevant team members (Cohen, 2016, Hudson, 2017). The judge hears from members of the court team, including the infant mental health specialist who provides therapeutic progress updates (Casanueva et al., 2017). One study noted that, "judges use the therapist's summary to guide hearings and request additional input from the court team. Not only does this engrain Child-Parent Psychotherapy into the infant-toddler court, but it also helped set the tone for the case, created a positive environment, and helped to center the hearings on the well-being of the child and parent" (Casanueva et al., 2017).

The James Bell Associates Evaluation of the Court Teams for Maltreated Infants and Toddlers noted that team members report benefits to attending the monthly hearings in that everyone involved in the case, "has the most current information regarding the status of the case, the progress made, and the services received" (Hafford et al., 2009). This evaluation also found the following:

> For service providers, being present in the courtroom facilitated the triangulation of self-report information, client observations, and first-hand information from the judge and attorneys. Participation in monthly hearings also fostered understanding of the case from multiple perspectives. Being present in court to observe the full docket of cases gave attorneys, workers, and service providers exposure to other cases and they learned from each other. Thus, participation in the hearing or staffings facilitated ongoing knowledge development and the reproduction of effective judicial, legal, and child welfare practice (Hafford et al., 2009).

Provision of notice of hearing of all issues to be considered at the hearing to all the parties allows the parties to file timely motions and objections and lessens the likelihood of an appeal based on a purported denial of due process because of consideration of an issue that was not adequately noticed for that hearing.

Section 39.701(2)(c), Florida Statutes, explicitly permits the court, during a judicial review hearing, to receive reports and evidence and rely on them to the extent of their probative value even though not competent in an adjudicatory hearing. An Early Childhood Court status hearing is not by default a judicial review hearing. Therefore, unless the hearing is a judicial review hearing, make sure that all parties waive any hearsay objections to the various reports and testimony being presented to the court. The waiver of hearsay objections must be made at every hearing other than a judicial review hearing. If a party refuses to waive hearsay objections or requests an evidentiary hearing on an issue, set a separate court date to resolve that issue and provide all parties with notice and an opportunity to be heard.

F. Team Training

Researchers have found that regular training for Early Childhood Courts increases stability, leads to better outcomes for families and children, and provides sustainability for Early Childhood Courts (Hafford et al, 2009). Team members are trained on the court team approach and on early childhood theory, with an emphasis on infant and toddler development (Hafford et al., 2009). Training emphasizes the impact of trauma on the developing brain and evidence-based interventions to address attachment and toxic stress (Pilnik et al., 2009). Judges and court teams also receive training on trauma-informed court practices such as empathy, kindness, and the avoidance of trauma triggers (Hafford et al., 2009). Court staff and other court team members are trained to remain cognizant of how their actions may be perceived by persons who have serious problems with trust, are paranoid or unduly suspicious of others' motives, or have been betrayed, sometimes repeatedly, by important persons in their lives (Bath, 2008).

Early Childhood Court teams also receive training on cultural competence, also known as cultural sensitivity, and the role cultural sensitivity plays in successful problem-solving courts outcomes. Researchers examining drug court outcomes noted that when the court teams value diversity and respect their clients' cultural backgrounds, the clients are retained significantly longer in treatment and services are delivered more efficiently (Guerrero & Andrews, 2011). Cultural-sensitivity training can enhance team members' beliefs about the importance of diversity and the need to understand their clients' cultural backgrounds and influences (Cabaj, 2008; Westermeyer, & Dickerson, 2008).

VIII. Early Childhood Court Caseloads

A. Early Childhood Court Caseloads

Early Childhood Courts balance the need to serve as many families and individuals as possible while at the same time adhering to best practices. While the Early Childhood Court does not mandate a restriction on caseloads, it is critical to assess the availability of the resources within the community. Not all Early Childhood Courts have adequate resources to increase capacity while maintaining fidelity to best practices. Large caseloads can impede clinical capacity to deliver effective services, which diminishes the overall effectiveness of the Early Childhood Court approach (Casanueva et al., 2017). ZERO TO THREE has found that because of the multiple functions of the community coordinator position, the caseload of the full-time coordinator should be limited to 20 cases (ZERO TO THREE, 2016). “Saturating the work with more than 20 families per coordinator dilutes the quality of work done with each family” (ZERO TO THREE, 2016).

IX. Monitoring and Evaluation

A. Adherence to Best Practices

Adherence to best practices is generally poor in most sectors of the criminal justice system and substance abuse treatment systems (Friedmann et al., 2007; Henderson et al., 2007; McLellan et al., 2003; Taxman et al., 2007). Programs infrequently deliver services that are proven to be effective and commonly deliver services which have not been subjected to careful scientific scrutiny. Over time, the quality and quantity of the services provided may decline precipitously (Etheridge et al., 1995; Van Wormer, 2010). The best way for an Early Childhood Court to guard against these prevailing destructive pressures is to monitor its operations routinely, compare its performance to established benchmarks, and seek to align itself continually with best practices. Not knowing whether one's Early Childhood Court is in compliance with best practices makes it highly unlikely that needed improvements will be recognized and implemented; therefore, evaluating an Early Childhood Court's adherence to best practice standards is essential.

Studies reveal that problem-solving courts are significantly more likely to deliver effective services and produce positive outcomes when they hold themselves accountable for meeting empirically validated benchmarks for success. For example, a multi-site study involving approximately seventy drug courts found that programs had more than twice the impact on crime and were more than twice as cost-effective when they monitored their operations on a consistent basis, reviewed the findings as a team, and modified their policies and procedures accordingly (Carey et al., 2008, 2012). Complex service organizations are highly susceptible to *drift*, in which the quality of their services may decline appreciably over time (Van Wormer, 2010). Management strategies, such as continuous quality improvement (CQI), are designed to avoid drift and enhance a program's adoption of best practices. The CQI process involves collecting real-time information about a program's operations and outcomes, feeding that information back to key staff members and decision makers on a routine basis, and implementing and evaluating remedial action plans where indicated. Research consistently shows that continual self-monitoring and rapid-cycle testing are critical elements for improving outcomes and increasing adoption of best practices in the health care and criminal justice systems (Damschroder et al., 2009; Rudes et al., 2013; Taxman & Belenko, 2013). These strategies are essential for programs that require cross collaboration and interdisciplinary communication among multiple service agencies (Bryson et al., 2006; Wexler et al., 2012).

Studies related to drug courts and criminal justice programs have not determined how frequently programs should review performance information and implement and evaluate self-corrective measures. Common practice among successful organizations is to collect performance data continually and meet at least annually as a team to review the information and take self-corrective measures (Carey et al., 2012; Rudes et al., 2013; Taxman & Belenko, 2013).

In addition to determining the effectiveness of Early Childhood Courts, is also important to determine what components make them effective. Unless evaluators describe each Early Childhood Court's adherence to best practices, there is no way to place that program's outcomes in context or interpret the significance of the findings.

B. Program Monitoring

Community coordinators at each Early Childhood Court site complete data entry on all of their Early Childhood Court cases into the statewide tracking system developed by the Office of Court Improvement, and embedded in the Florida Dependency Court Information System. The Office of Court Improvement has dedicated staff to maintain and enhance the statewide tracking system, to analyze Early Childhood Court data on an ongoing basis, and to disseminate performance indicators to each of the Early Childhood Courts on a routine basis. The Office of Court Improvement compiles the following performance measures and distributes them monthly to each of the Early Childhood Court sites:

- *Permanency Reports*- the number of days for each Early Childhood Court child and non-Early Childhood Court child to achieve reunification with his/her parent(s), permanent guardianship with a relative or non-relative, or adoption

- *Safety Reports*- the percent of Early Childhood Court children and non-Early Childhood Court children who have experienced a re-removal after the beginning of the case, due to allegations of abuse, abandonment, or neglect

- *Well-Being Reports*- the number of placement moves the Early Childhood Court children experience, and the percent of Early Childhood Court children whose early intervention services were initiated within three months from the initiation of the case

- *Data Reports*- active/inactive case lists by site; missing data reports; and county, site, and statewide outcomes comparison reports (Early Childhood Court vs. non- Early Childhood Court)

Early Childhood Courts continually examine these performance measures and other resources for further information on how to analyze and interpret additional performance measures for their evaluations.

C. Independent Evaluations

With the depth and breadth of research that has been conducted on drug courts, it is instructive to observe the role that independent evaluations have played in improving drug court operations and outcomes. Examining how drug courts that engaged an independent evaluator and implemented at least some of the evaluator's recommendations were determined in one multi-site study to be twice as cost-effective and nearly twice as effective at reducing crime as drug courts that did not engage an independent evaluator (Carey et al., 2008, 2012). Drug courts benefit from an independent evaluation for several reasons, and these reasons are equally applicable to Early Childhood Courts. Every program has blind spots that prevent staff from recognizing their own shortcomings. Some team members, such as the judge, may have more social influence or power than others, making it difficult for some team members to call attention to problems in court or during team meetings. Drug courts also operate in a political environment and staff may be hesitant to criticize local practices for fear of reprisal. An independent evaluator from another jurisdiction can usually offer frank criticisms of current practices with less fear of repercussions (Heck & Thanner, 2006). While Florida's Early Childhood Courts are capable of keeping descriptive statistics about their programs,

considerably more expertise is required to perform *inferential analyses*, which compare Early Childhood Court outcomes to those of a comparison group. Controlling statistically for preexisting group differences that could bias one's results is often necessary. Evaluators must take numerous scientific matters into consideration and may need to apply several levels of statistical corrections to produce valid and reliable results.

Generally speaking, a new evaluation should be performed whenever a program or the environment within which it operates changes substantially. Staff turnover and evidence of drift from the intended model are critical events that call for a new evaluation (Yeaton & Camberg, 1997). Five years is a reasonable outside estimate of how frequently Early Childhood Courts are evaluated independently. If resources allow, Early Childhood Courts engage independent evaluators at more frequent intervals to detect drift readily and prevent services from worsening with time.

Many Early Childhood Courts do not have sufficient resources to hire independent evaluators. One way to address this problem is to contact local colleges or universities to determine whether graduate or undergraduate students may be interested in evaluating the Early Childhood Court as part of a thesis, dissertation, or capstone project. Because such projects require close supervision from senior academic faculty, the Early Childhood Court can receive high-level research expertise at minimal or no cost. Moreover, students are likely to be highly motivated to complete the evaluation successfully because their academic degree and standing depends on it.

D. Disadvantaged Groups

Best practices for ensuring equivalent treatment of disadvantaged groups are desctibed in Standard II, Disadvantaged Groups. Studies have not determined how frequently Early Childhood Courts should review performance information for members of disadvantaged groups. Consistent with the general literature on CQI, the Early Childhood Court team should review performance information at least annually and implement and evaluate self-corrective measures on a rapid-cycle basis (Rudes et al., 2013; Wexler et al., 2012).

E. Comparison Groups

To examine the important question of whether postitive outcomes are a direct result of the Early Childhood Court program, the outcomes of Early Childhood Court participants must be compared against that of an equivalent and unbiased comparison group.

A national study compared data from children involved in the Safe Babies Court Team to those who are part of the child welfare system, but not involved in the problem-solving court, using data from the National Survey of Child and Adolescent Well-Being to determine permanency outcomes (McCombs-Thorton & Foster, 2012). The comparison group was selected based on the Safe Babies Court Teams enrollment criterion – children under three placed in out-of- home care (McCombs-Thorton, 2012).

Another comparison study looking at permanency outcomes for children involved in Early Childhood Court to children with similar characteristics (age range, ethnicity, gender, placement-type, jurisdiction, etc.) was completed utilizing data from Florida's statewide

automated child welfare information system and Florida's dependency court information system. While the findings showed the outcomes for Early Childhood Court children were better compared to the children not involved in Early Childhood Court, there were recommendations for additional studies to further break down the characteristics of the participants. For example, it was recommended the comparison study look at children of the same age (rather than use an age range) and to compare children with similar reasons for removal (rather than the sole criterion that a child is removed from his or her home). True to the CQI process, the results of the study provide information and recommendations to further enhance the Early Childhood Court approach. (Early Childhood Court Outcome Analysis, 2018).

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